

mours or sores should be either allowed to remain free from disturbance or completely removed, since tampering with them by irritating applications is the most certain means of exciting disease in the lymphatic glands or other textures. But the procedure advocated by the Middlesex surgeons was the most extreme degree of deviation from this rule, since it kept the local disease, together with the patient's system, in a perpetual fret for many weeks; so that no one need be surprised at the effects, which, indeed, these gentlemen thus admit: "Nothing could be more disastrous than this case; and there is no reasonable doubt that the tumultuous increase of the disease was directly owing to the local treatment." If caustic is ever used for destroying malignant textures, it should, therefore, be of such power and so employed as to strike at once to the root of the evil, and I am able to suggest efficient means for this purpose.

Mons. Velpeau, in speaking of the caustic made by mixing sulphuric acid with saffron, expresses his persuasion that it would be the best of all escharotics except for its expense and the difficulty of confining its action within certain limits. It occurred to me that sawdust would supply the place of saffron, and my assistants at the hospital ingeniously devised the following effectual means of restraining the extent of action: A solution of gutta serena in chloroform is applied to the skin for some distance round the part to be attacked; then a thick piece of the same material, with an aperture cut in it of the requisite size, and softened by exposure to heat, is pressed firmly so as to adhere everywhere to the surface thus prepared; a thin piece is next glued round the edge of the opening, so that, when supported by a stuffing of lint, it may form a wall inclosing the diseased part. Concentrated sulphuric acid, with about an equal weight of sawdust stirred into it, until the mixture assumes a homogeneous consistence equal to that of thin porridge, is lastly applied, in quantity proportioned to the extent of thickness concerned. In the first instance, as the pain is acute, opiates or chloroform may be used; but after a short while, so little uneasiness is felt that the patient can easily allow the caustic to remain for ten or twelve hours, when it will be found that the whole diseased mass, though covered with skin and several inches in depth, has been reduced to a cinder, presenting the appearance of strongly compressed tow. Under poultices, the slough separates in the course of days or weeks, according to its depth, and the sore then heals without any trouble. If, therefore, patients, from an unconquerable dread of cutting, should prefer the escharotic treatment, or if the circumstances, on any other account, should seem to render this method eligible, the procedure just described may be found useful.

In conclusion, I beg to offer the following principles or practical rules for the treatment of cancer.

1. The treatment of cancer may be divided into curative and palliative.
2. The curative treatment should not be undertaken when the local disease is so seated or connected as to prevent its complete removal; when the lymphatic glands are affected; and when the patient's general health is deranged.
3. Removal may be accomplished by means of the knife, escharotics, and ligatures.
4. Of these means, in general the knife is best, and ligatures the worst.
5. Escharotics may be used with most advantage when the disease is superficial.
6. Escharotics, employed with a curative view, should always destroy the whole morbid part by one application.
7. The palliative treatment is generally best accomplished by means of soothing applications and attention to the general health.
8. When the local disease is very troublesome, it may sometimes be relieved for a time by destruction of the morbid growth.
9. The best agent for this purpose, and also with a curative view, is concentrated sulphuric acid properly applied.—*Edinburgh Med. Journ.*, Nov. 1857.

41. *Epithelial Cancer*.—Mr. HENRY THOMPSON exhibited to the Medical Society of London (October 24th) a woman, aged 70, who was first seen by him in July last, with an epithelial growth, the size of a large walnut, close to the right eye. It was too close to remove entirely with the knife. He therefore

employed a caustic, which, after six applications, had destroyed it completely. On examining the woman, a healthy cicatrix alone remained, and no trace of disease was seen. The escharotic employed was the strong sulphuric acid of commerce, made into a paste with the exsiccated sulphate of zinc. Mr. Thompson believed that the employment of escharotics for the removal of cancerous growths could only be justified in exceptional cases, but that this was, from the circumstances named, one in which it was decidedly preferable to the knife.

Mr. HANCOCK had removed many cases of a similar kind with the knife, but he never saw so perfect a cure by any means as the present case exhibited. There was scarcely any scar.—*Lancet*, Oct. 31, 1857.

42. *Foreign Bodies introduced into the Bladder*.—M. DENUCÉ relates (*Moniteur des Hôpitaux*) the case of a woman who had introduced the handle of a stiletto into her bladder. After several days of severe suffering she came to the hospital, and as the urethra was found to be in a very dilated state, the extraction of the foreign body was easily accomplished, by means of a polypus forceps passed along the index finger.

M. Denucé has collected the particulars of 391 published cases, and the enumeration he gives of the bodies in question is both curious and useful. In 78 they were portions of catheters or lithotritry instruments, viz., 15 metallic catheters, 9 gum-elastic catheters, 7 gutta percha catheters (a large proportion, considering the short time these dangerous instruments have been in use), 28 catheters (their nature not being specified), 16 bougies, and 3 branches of *brise-pierres*. Then we have 82 needles, pins, or tags, 1 stiletto, 1 crochet-needle, 6 bone or ivory needles, 6 ear picks, 3 ivory whistles, 1 ivory spindle, 1 ivory stiletto handle, 15 leaden balls, 3 small keys, and 8 instances of metallic fragments of various kinds. In 12 bones or splinters of bone, in 10 pebbles or china, 6 pen-holders, 15 needle-cases, 10 pieces of tobacco pipe, 4 portions of glass tubes. In 21 instances fragments of wood, as 3 pencils, 1 piece of a match, 1 ramrod, 1 mustard-spoon handle, &c. In 34 there were fragments of plants, as ears of corn, stalks, &c.; in 26, fruits or kernels; in 4, tents of charpie, 1 strip of linen, 1 skein of cotton, 3 *débris* of cotton or wool, 2 pieces of cord, 4 portions of wax candle, 3 pens, 1 piece of whalebone, 2 leather boot-laces, 1 piece of tendon, 2 *débris* of fecal matter, 1 pessary, 1 shell, 14 instances of various foetal *débris*, 6 locks of hair, 2 of larvæ of insects, and in 1 pills.

If we abstract from this curious list the bodies which have obtained accidental entrance into the bladder, whether from clumsy surgical manœuvres, or communications established through the walls of the bladder, either externally (as in the case of balls and wounds), or with the rectum, vagina, or ovary, there will still remain 258 cases in which no legitimate explanations can be given of the presence of these bodies. Those assigned by the patient are usually as singular as are the bodies themselves; some being said to find their way there while attempting self-catheterism, others from the patient having fallen on them, while others again are stated to have been swallowed. The true and principal cause of their introduction, when not accidental, is to be sought in the vagaries of an abandoned depravity. Of these 256 cases, 119 are stated as having been males, and 96 females; while in 41 instances the sex is not indicated. In 14 instances they occurred in children from the age of a few weeks to fifteen years.

After a foreign body introduced into the urethra has become propelled into the bladder, in a few days it begins to be covered with incrustations. At the end of some weeks these have attained a considerable thickness; while at the end of some months, true calculi may be constituted. The form of the body, however, exerts considerable influence upon the mode of deposit. In rounded or short bodies the incrustation becomes general, while in those which are elongated it takes place especially towards the middle. Thus, in most cases in which calculi have been formed on needles, the ends of these are found projecting beyond the deposit: and it is such calculi that especially give rise to cystitis and other dangerous accidents.

Among the 391 cases collected by M. Denucé, in 21 death took place inde-